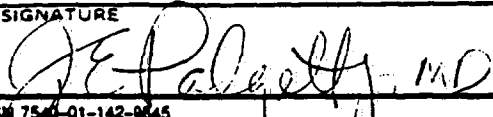


<b>CONTRACT PRICING PROPOSAL COVER SHEET</b>		1. SOLICITATION/CONTRACT/MODIFICATION NO. NCI-CN-95165-37		FORM APPROVED OMB NO. 9000-0013	
NOTE: This form is used in contract actions if submission of cost or pricing data is required. (See FAR 15.8, b))					
2. NAME AND ADDRESS OF OFFEROR (Include ZIP Code)		3A. NAME AND TITLE OF OFFEROR'S POINT OF CONTACT		3B. TELEPHONE NO.	
S.C. Department of Health and Environmental Control 2600 Bull Street Columbia, South Carolina 29201		Frances C. Wheeler, Ph.D., Dir. Center for Health Promotion		(803) 737-4120	
		4. TYPE OF CONTRACT ACTION (Check)			
		<input checked="" type="checkbox"/> A. NEW CONTRACT		<input type="checkbox"/> D. LETTER CONTRACT	
		<input type="checkbox"/> B. CHANGE ORDER		<input type="checkbox"/> E. UNPRICED ORDER	
		<input type="checkbox"/> C. PRICE REVISION/REDETERMINATION		<input type="checkbox"/> F. OTHER (Specify)	
5. TYPE OF CONTRACT (Check)		6. PROPOSED COST (A+B+C)			
<input type="checkbox"/> FFP <input type="checkbox"/> CPFF <input type="checkbox"/> CPIX <input type="checkbox"/> CPAF <input type="checkbox"/> FPI <input checked="" type="checkbox"/> OTHER (Specify) <b>Cost Reimbursement Completion</b>		A. COST		B. PROFIT/FEE	
		\$ 6,060,961		\$	
				C. TOTAL	
				\$ 6,060,961	
7. PLACE(S) AND PERIOD(S) OF PERFORMANCE					
S.C. Department of Health and Environmental Control, Columbia, South Carolina June 15, 1991 - June 15, 1998					
8. List and reference the identification, quantity and total price proposed for each contract line item. A line item cost breakdown supporting this recap is required unless otherwise specified by the Contracting Officer. (Continue on reverse, and then on plain paper, if necessary. Use same headings.)					
A. LINE ITEM NO.		B. IDENTIFICATION		C. QUANTITY	D. TOTAL PRICE
A.		Direct Labor			\$2,419,499
B.		Fringe Benefits			572,394
C.1.		Material/Supplies			299,190
C.2.		Travel Costs			196,094
C.3.		Computer Equipment			162,867
C.4.		Consultants			33,824
C.5.		Intervention Costs			2,110,949
D		Indirect Costs			266,144
		Total Estimated Costs			\$6,060,961
9. PROVIDE NAME, ADDRESS, AND TELEPHONE NUMBER FOR THE FOLLOWING (If available)					
A. CONTRACT ADMINISTRATION OFFICE			B. AUDIT OFFICE		
S.C. Dept. of Health & Environmental Control Center for Health Promotion 2600 Bull Street Columbia, SC 29201 (803) 737-4120			State Auditor 1401 Main Street, Suite 1200 P.O. Box 11333 Columbia, SC 29211 (803) 253-4160		
10. WILL YOU REQUIRE THE USE OF ANY GOVERNMENT PROPERTY IN THE PERFORMANCE OF THIS WORK? (If "Yes," identify)			11A. DO YOU REQUIRE GOVERNMENT CONTRACT FINANCING TO PERFORM THIS PROPOSED CONTRACT? (If "Yes," complete Item 11B)		11B. TYPE OF FINANCING (If one)
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> ADVANCE PAYMENTS <input type="checkbox"/> PROGRESS PAYMENTS <input type="checkbox"/> GUARANTEED LOANS
12. HAVE YOU BEEN AWARDED ANY CONTRACTS OR SUBCONTRACTS FOR THE SAME OR SIMILAR ITEMS WITHIN THE PAST 3 YEARS? (If "Yes," identify item(s), customer(s) and contract number(s))			13. IS THIS PROPOSAL CONSISTENT WITH YOUR ESTABLISHED ESTIMATING AND ACCOUNTING PRACTICES AND PROCEDURES AND FAR PART 31 COST PRINCIPLES? (If "No," explain)		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
14. COST ACCOUNTING STANDARDS BOARD (CASB) DATA (Public Law 91-379 as amended and FAR PART 30)					
A. WILL THIS CONTRACT ACTION BE SUBJECT TO CASB REGULATIONS? (If "No," explain in proposal)			B. HAVE YOU SUBMITTED A CASB DISCLOSURE STATEMENT (CASB DS-1 or 2)? (If "Yes," specify in proposal the office to which submitted and if determined to be adequate)		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
C. HAVE YOU BEEN NOTIFIED THAT YOU ARE OR MAY BE IN NON-COMPLIANCE WITH YOUR DISCLOSURE STATEMENT OR COST ACCOUNTING STANDARDS? (If "Yes," explain in proposal)			D. IS ANY ASPECT OF THIS PROPOSAL INCONSISTENT WITH YOUR DISCLOSED PRACTICES OR APPLICABLE COST ACCOUNTING STANDARDS? (If "Yes," explain in proposal)		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
This proposal is submitted in response to the RFP, contract, modification, etc. in Item 1 and reflects our best estimates and/or actual costs as of this date and conforms with the instructions in FAR 15.804-6(b) (2), Table 15-2. By submitting this proposal, the offeror, if selected for negotiation, grants the contracting officer or an authorized representative the right to examine, at any time before award, those books, records, documents and other types of factual information, regardless of form or whether such supporting information is specifically referenced or included in the proposal as the basis for pricing, that will permit an adequate evaluation of the proposed price.					
15. NAME AND TITLE (Type)			16. NAME OF FIRM		
James E. Padgett, Jr., M.D. Deputy Commissioner, Health Services			S.C. Department of Health and Environmental Control		
17. SIGNATURE			18. DATE OF SUBMISSION		
			September 21, 1990		